2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 AM
Secretary of State

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Entity Name: AZALEA WOMEN'S CARE, INC.

Current Principal Place of Business:

2191 9TH AVENUE NORTH
SUITE 240
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

2191 9TH AVENUE NORTH
SUITE 240
ST. PETERSBURG, FL 33713 US

New Mailing Address:

6011 KESTREL POINT AVE
LITHIA, FL 33547 US

FEI Number: 59-3706967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE LOACH, VICTOR, ERROL P
2191 9TH AVENUE NORTH
SUITE 240
ST. PETERSBURG, FL 33733 US

Name and Address of New Registered Agent:

DE LOACH, VICTOR E P
6011 KESTREL POINT AVE
LITHIA, FL 33547 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VICTOR DE LOACH, MD 04/17/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DE LOACH, VICTOR E
Address: 2191 9TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33733 US

Title: V ( ) Delete
Name: DE LOACH, KATHLEEN A
Address: 2191 9TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33733 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DE LOACH, VICTOR E
Address: 6011 KESTREL POINT AVE
City-St-Zip: LITHIA, FL 33547 US

Title: V (X) Change ( ) Addition
Name: DE LOACH, KATHLEEN A
Address: 6011 KESTREL POINT AVE
City-St-Zip: LITHIA, FL 33547 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR DE LOACH, MD P 04/17/2002
Electronic Signature of Signing Officer or Director Date